

**SAVANNAH- CHATHAM METROPOLITAN POLICE DEPARTMENT**

**APPLICATION PACKET**



**THANK YOU FOR APPLYING AND WE LOOK FORWARD TO YOU  
JOINING OUR TEAM.**





# SAVANNAH CHATHAM POLICE METROPOLITAN

## Instructions to the applicant

1. Complete the Personal History Statement **and** Polygraph Booklet of the packet in **black or blue ink only**. Make sure **ALL** questions marked "yes" have a detailed explanation for them. **Your application will not be processed if there are any questions that do not have an explanation.** Please **use black or blue ink**.
2. Once the above documents have been **completely** filled out, you will need to submit the following documents included with your Personal History Statement and Polygraph Booklet packet. Clear, legible copies of the documents will be accepted with the initial application.
  - a. Valid Driver's License
  - b. Signed Social Security Card
  - c. Birth Certificate
  - d. High School Diploma or GED **and official, sealed transcripts** – **do not open transcripts**
    - i. Private high schools **must have** sealed transcripts
  - e. College Diploma and **official, sealed transcripts** (if college degree earned) - **do not open transcripts**
    - i. Can be mailed directly to the SCMPD Recruiting Unit or applicant can drop it off
  - f. DD-214 with type of discharge and re-entry code (if applicable) – **or** Letter of Good Standing from Commanding Officer **if still active until DD214 is received**
  - g. Naturalization Certificate (if applicable)
  - h. Authorization to Release Information (**original signed and notarized**)
  - i. Background Standards Acknowledgement of Understanding (**original signed and notarized**)
  - j. No Tobacco Use Agreement (**original signed and notarized**)
  - k. Shift and Work Schedule Expectations Agreement (**original signed and notarized**)
  - l. Tattoo and Body Art Acknowledgement (**original signed and notarized**)
  - m. Truthfulness Statement (**original signed and notarized**)
  - n. Uniform Clothing Size Chart (fill in **all** of the sizes)
3. Please complete **Page 2 only** of the Castle Branch Disclosure and Authorization form.

**\*\*Notice\*\***

**\*\*Notice\*\***

**\*\*Notice\*\***

**\*\*Notice\*\***

The Personal History Statement and Polygraph Booklet must have **ALL** questions answered "yes" explained. **ALL of the above documents must be submitted to the Recruiting Unit with your application.** If **ALL** documentation is not received and/or your Personal History Statement and Polygraph Booklet are incomplete your application **will not be processed** and you **will not be allowed to begin the testing process**.

I acknowledge that **I have read and understand** the instructions provided above.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# SAVANNAH CHATHAM POLICE METROPOLITAN

## Applicant Checklist

(Applicant should **keep this** for his/her records and **bring it to the written test**).

### Check Circle as Each is Completed

- ☐ Personal History Statement
- ☐ Polygraph Questionnaire
- ☐ Supporting Documentation Completed

(Consists of documents listed on the Instructions to the Applicant page)

- ☐ All of the above sent to the SCMPD Recruiting Unit as a complete packet
- ☐ Testing date scheduled for \_\_\_\_\_ @ \_\_\_\_\_.
- ☐ Oral Interview scheduled for \_\_\_\_\_ @ \_\_\_\_\_.
- ☐ Polygraph scheduled for \_\_\_\_\_ @ \_\_\_\_\_.

All documentation should be mailed or delivered to:

Savannah-Chatham Metro Police Dept.  
Attn: Recruiting Unit  
201 Habersham St.  
Savannah GA 31401

\*\*Please note that if you bring your COMPLETED application and paperwork to the Recruiting Unit in person we can notarize the required documentation for you. Just remember that we will only notarize and accept applications that are COMPLETE. \*\*

(912)651-4226

[www.scmpd.org](http://www.scmpd.org)

[scmpdrecruiting@savannahga.gov](mailto:scmpdrecruiting@savannahga.gov)



## Authorization To Release Information

This is to certify that as an applicant for a position with the City of Savannah/Savannah Chatham Metropolitan Police Department, I do authorize the release of any and all information to the City of Savannah Human Resources Department/Savannah Chatham Metropolitan Police Department from whomever they may deem it necessary to make such a request. By my signature, I consent to the release of information to authorized officers, agents and or employees of the City of Savannah Human Resources Department/Savannah Chatham Metropolitan Police Department which may include but not be limited to: criminal history records; driving history records, which will be used to determine my eligibility for employment or continuation of driving privileges after employment; information concerning my past and present work experience, including my official personnel files, attendance records and performance evaluations; educational records including transcripts; military service records; law enforcement records and or any other personnel records deemed necessary. I understand that these records may be obtained at any time after receipt of this authorization. Past convictions will not automatically exclude an applicant from employment. The relationship of the crime to the position applied for will be taken into consideration. Further, I authorize the City of Savannah Human Resources Department/Savannah Chatham Metropolitan Police Department to copy or otherwise reproduce this original document and to let such copies act as the original instrument. The original document is to be retained on file with the Savannah Chatham Metropolitan Police Department.

In addition, I consent to authorize appropriate officers, agents and or employees of the City of Savannah Human Resources Department/Savannah Chatham Metropolitan Police Department to make inquiries of third parties such as credit bureaus. This disclosure is being provided to you pursuant to the Federal Fair Credit Reporting Act (FCRA), 15 U.S.C.1681 and Federal Trade Commission Regulations contained in 16 C.F.R. Part 601, Appendix C.

\_\_\_\_\_  
Full Name Printed

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The following information is requested for background checks and record keeping only and will not be disclosed as a part of the employment application. Exclusion of this data will not result in disqualification from consideration.

Check one: ( ) male ( ) female

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Check one of the following: (Ethnic Origin)

( ) White ( ) African American ( ) Hispanic ( ) Asian ( ) Native American ( ) Other

Are you a disabled individual (in accordance with Americans with Disability Act)? ( ) yes ( ) no

Are you a veteran? ( ) yes ( ) no If yes, please attach a copy of your Form DD214 indicating type of separation. The copy of the Form DD214 is required for 5 points preference claim, if eligible, and also serves as a record of employment. If you are a disabled veteran, in addition to your Form DD214, please attach a copy of the award notice or other evidence, dated within the last six months, that you are in receipt of compensation based on a disability rated at 10% or more by the Veterans' Administration for 10 points preference claim.

For Use by Savannah Chatham Metropolitan  
Police Dept. OR Notary Public

\_\_\_\_\_  
Notary





# SAVANNAH CHATHAM POLICE METROPOLITAN

## BACKGROUND STANDARDS ACKNOWLEDGEMENT

### DRIVER'S LICENSE HISTORY MUST NOT CONTAIN:

- ❖ DUI/DWI charge with the disposition of Nolo Contendre, conviction, or plea within the past five years, and no two in the past seven years.
- ❖ Suspensions in the past three years (except for one Insurance Cancellation) and no two suspensions in the past seven years.
- ❖ Three or more moving violations **in the past two years** and no more than six **in the past seven years**.
- ❖ Vehicular Homicide or Hit and Run charge/arrests.
- ❖ Fleeing or Attempting to Elude the Police charge/arrests.

### CRIMINAL HISTORY MUST NOT CONTAIN:

- ❖ Pending Criminal cases.
- ❖ Convictions, Nolo Contendre or pleas involving Sexual Offenses, Domestic Violence Act or Impersonation a Police Officer, Perjury or False Statements.
- ❖ Felony convictions and Nolo Contendre or pleas involving felony arrests.
- ❖ Serious Misdemeanor Convictions, Nolo Contendre, or pleas **including** First Offender pleas.

### APPLICANTS WILL BE DISQUALIFIED ON THE FOLLOWING:

- ❖ Untruthfulness or the omission of information throughout the application process.
- ❖ Anything other than an Honorable Discharge from Armed Forces.
- ❖ Membership or association with any hate or terrorist group.
- ❖ Unsatisfactory work history within the past three years.
- ❖ Unsatisfactory information derived from extensive background investigation.
- ❖ Possession or sale of a controlled substance.
- ❖ Marijuana use within the past two years.
- ❖ Use of a controlled substance to include marijuana; however, any use of a controlled substance, including marijuana, which is deemed to be experimental will be reviewed on a case by case basis.

### THOSE WITH PRIOR LAW ENFORCEMENT EXPERIENCE:

- ❖ Any pending disciplinary action or internal investigation.
- ❖ Currently under investigation by certifying agency (i.e. POST).
- ❖ Any disciplinary action or sustained complaint for offenses of a serious nature, which includes, but is not limited to sexual harassment, untruthfulness, insubordination, or use of force.

I acknowledge that I **have read and understand** the background standards indicated above.

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Applicant Signature

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Notary



# SAVANNAH CHATHAM POLICE METROPOLITAN

## No Use of Tobacco Agreement

In accepting employment with the City of Savannah, GA, Savannah Chatham Metropolitan Police Department as a sworn officer, I \_\_\_\_\_  
acknowledge, understand, and accept the following terms, conditions, and expectations of that employment.

A sworn Officer hired, as of April 1, 1998, to work for the City of Savannah, in the Savannah Chatham Metropolitan Police Department cannot use tobacco in any form whatsoever. The employee shall remain free from the use of tobacco products throughout the term of employment. Furthermore, the use of tobacco products after employment, or any false or materially misleading representation by the employee as to being a non-smoker or non user of tobacco products at the time of employment, shall constitute grounds for termination of employment.

By accepting employment with the City of Savannah, Savannah Chatham Metropolitan Police Department and signing this Agreement, I certify that, as of this date, I do not use any tobacco products in any form whatsoever and, in consideration of my employment with the Department, I agree not to use any tobacco products at any time so long as I am employed with the Department, whether on or off duty, and that my failure to comply shall constitute grounds for termination of my employment. I further agree that, if at any time during the term of my employment with the Department, I begin to use tobacco products in any form whatsoever, I will inform the Chief of Police of this fact and tender my resignation.

The intent of this Agreement is to identify some specific terms, conditions, and expectations of my employment with the Savannah Chatham Metropolitan Police Department. Failure to comply with these terms, conditions, and expectations of my employment shall constitute grounds for termination of my employment with the Savannah Chatham Metropolitan Police Department.

\_\_\_\_\_  
Employee's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary





Re: Shift Work and Schedule Expectations Acknowledgement

By signing this form, you are acknowledging your understanding that as a Police Officer with Savannah Chatham Metro Police Department you will be expected to work various shifts. The current departmental shift structure is 6:30 AM to 3:00 PM, 2:30 PM to 11:00 PM, and 10:30 PM to 7:00 AM. The morning and evening shifts rotate. Your shift assignment will not be one of your choosing, but rather assigned to you according to what shift needs covered. Police Officers are expected to work 5 days a week with two days off, with your days off probably not falling on Saturday and Sunday. In some cases, such as big City events, you will be required to work beyond your assigned shift days and times.

As an Officer, you will not be granted the same holidays that the rest of the City employees. You more than likely will not have any major holidays off such as Thanksgiving or Christmas. You will not be permitted to take vacation until after your 1 year probation as a Police Officer is over, and even then, it will be approved at the discretion of your supervisor.

I \_\_\_\_\_ acknowledge and understand the terms and conditions of a Police Officer's work schedule and, if chosen for employment, agree to abide by the aforementioned terms and conditions, along with any other situation that might arise regarding my work schedule.

\_\_\_\_\_  
Signature of Police Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary



# SAVANNAH CHATHAM POLICE METROPOLITAN

## Tattoos and Body Art Acknowledgement

By submitting an application with the City of Savannah Chatham-Metropolitan Police Department as a sworn officer or police officer trainee, I \_\_\_\_\_, acknowledge, understand, and accept the following terms, conditions and expectations of that employment.

As a sworn officer or trainee applicant, \_\_\_\_\_, to work for the City of Savannah, in the Savannah Chatham Metropolitan Police Department comply and agree to the tattoo and body art policy listed below:

### Tattoos and Body Art

1. **SCMPD employees will not have any tattoos or body art visible during duty hours, anytime in uniform or while performing a department function or representing the department in any capacity.**
  - a. **Tattoos may be concealed either by utilizing makeup matching the skin color, a band aid, wearing a long sleeve shirt or wearing a commercially available device known as "Tat Jacket".**
  - b. **Any costs associated with compliance to this policy will be incurred by the employee.**

The SCMPD Office of Professional Standards Recruiting Unit will ensure that all applicants are aware of this policy prior to acceptance of their application. Supervisors and Managers are responsible to ensure employees comply with this directive.

By accepting employment with the City of Savannah, Savannah Chatham-Metropolitan Police of Department and signing this agreement, I certify that, as of this date, I agree and comply with the Department, and that my failure to comply shall constitute grounds for termination of my employment. I further agree that, if at any time during the term of my employment with the Department, if I obtain any visible tattoos that are against the Department's policy in any form whatsoever, I will inform the Chief of Police of this fact and comply with this directive.

The intent of this Agreement is to identify some specific terms, conditions and expectations of your employment with the Savannah Chatham Metropolitan Police Department. Failure to comply with these terms, conditions and expectations of your employment shall constitute grounds for termination of your employment with Savannah Chatham Metropolitan Police Department.

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Applicant Signature

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Notary





# SAVANNAH CHATHAM METROPOLITAN POLICE

Applicant's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant should circle or fill in the sizes needed for uniforms and PT gear, as well as indicate if he/she is left or right handed. The sizes need to be in inches. Therefore, please use a seamstress tape to obtain your measurements. **Boots sizes are ONLY in men.**

Item Issued	Quantity	Size
Polo Shirt	3	S M L XL 2XL 3XL
Pants	3	Waist: <input type="text"/> Length: <input type="text"/>
Boots	1	Size: <input type="text"/> (Men's size)
Cap	1	N/A – One size fits all
PT T-Shirt	3	S M L XL 2XL 3XL
PT Shorts	3	S M L XL 2XL 3XL
Sweatshirt	2	S M L XL 2XL 3XL
Sweatpants	2	S M L XL 2XL 3XL
APPLICANT: RIGHT HANDED / LEFT HANDED		

Emailed: Date: \_\_\_\_\_

Quartermaster: Date: \_\_\_\_\_

Training Unit: Date: \_\_\_\_\_



# SAVANNAH CHATHAM POLICE

## METROPOLITAN

TO: SCMPD APPLICANT

FROM: SAVANNAH-CHATHAM METROPOLITAN POLICE DEPARTMENT

SUBJECT: TRUTHFULNESS

Thank you for applying to the Savannah-Chatham Metropolitan Police Department. We are extremely proud of our Department and our reputation. We view our personnel decisions as one of our most critical tasks. We are very selective and only hire the best and the brightest. **Even if you meet our standards and pass our hiring requirements, your selection for employment is not guaranteed.**

One of the most critically important issues that define the effectiveness of any organization is the perception that it is a credible organization. Central to that image is the integrity and truthfulness of the Department's employees, from the newest entrant to the top-level managers.

The need for honest, impartial and accurate representation of facts is nowhere more vital than within a police agency, where success or failure rests with the degree of public support it receives. Police officers have unique power that rests on the foundation of their honesty and integrity. Public support can quickly erode where there is a lack of credibility in existence within an organization. The other elements of the criminal justice system that rely on truthful testimony from officers are instantly compromised when one of our members is less than forthright.

The very basis of an individual's integrity, as perceived by the public, friends and fellow workers is at stake whenever the truth is not told. The loss of integrity can quickly erode where there is a lack of credibility in existence within an organization.

It is the responsibility of all members of this Department to maintain the effectiveness of their Police agency as a viable law enforcement organization. **This document serves notice that the employees of the SCMPD will not tolerate lying of any kind, either by their co-workers or by SCMPD applicants.** As an applicant, you have been forewarned: All information disclosed or gleaned during the application process **WILL be verified** by means of a polygraph examination and background investigation. Any statements or omissions, either written or verbal that are given by any applicant with the intent to deceive will result in rejection from further consideration for employment with the Savannah-Chatham Metropolitan Police Department. **There are NO second chances. There is simply no substitute for the truth.**

I acknowledge that I **have read and understand** the statement provided above.

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Applicant's Signature

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Notary



# PERSONAL HISTORY STATEMENT – PEACE OFFICER

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## SECTION 1: PERSONAL

1. YOUR FULL NAME			
LAST	FIRST	MIDDLE	
2. OTHER NAMES, INCLUDING NICKNAMES, YOU HAVE USED OR BEEN KNOWN BY			
3. ADDRESS WHERE YOU RESIDE			
NUMBER / STREET		APT / UNIT	
CITY	STATE	ZIP	
4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE			
5. CONTACT NUMBERS			
HOME ( )	WORK ( )	EXT	OTHER ( ) <input type="checkbox"/> CELL <input type="checkbox"/> FAX <input type="checkbox"/> PAGER
6. EMAIL ADDRESS			
HOME		BUSINESS	
7. If you were born outside of the United States, are you a U.S. citizen? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No If no, are you a resident alien who is eligible and has applied for U.S. citizenship? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
8. BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)		9. BIRTHDATE	10. SOCIAL SECURITY NUMBER - -
11. DRIVER'S LICENSE		12. PHYSICAL DESCRIPTION	
NO.	STATE	EXP	HEIGHT WEIGHT HAIR COLOR EYE COLOR

## SECTION 2: RELATIVES AND REFERENCES

### 13. IMMEDIATE FAMILY

- Provide all applicable information in the spaces below.
- Mark "N/A" if a category is not applicable or if the individual is deceased.
- If more space is needed, continue your response on page 25.

<input type="checkbox"/> N/A	<b>A. Father</b>			
NAME	HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ( )	CELL PHONE ( )	EMAIL		

<input type="checkbox"/> N/A	<b>B. Step-father</b>			
NAME	HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ( )	CELL PHONE ( )	EMAIL		

<input type="checkbox"/> N/A	<b>C. Mother</b>			
NAME	HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ( )	CELL PHONE ( )	EMAIL		

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

# PERSONAL HISTORY STATEMENT – POLICE OFFICER

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## SECTION 2: RELATIVES AND REFERENCES *continued*

### 13. IMMEDIATE FAMILY *continued*

#### ☐ N/A D. Step-mother

NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE ( )	CELL PHONE ( )	EMAIL		

#### ☐ N/A E. Spouse / Registered Domestic Partner

NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE ( )	CELL PHONE ( )	EMAIL		
YEARS OF MARRIAGE	Is there, or has there been, a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No			

#### ☐ N/A H. Former Spouse(s) / Former Registered Domestic Partner(s)

1) NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE ( )	CELL PHONE ( )	EMAIL		
YEAR OF DISSOLUTION	Is there, or has there been, a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2) NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE ( )	CELL PHONE ( )	EMAIL		
YEAR OF DISSOLUTION	Is there, or has there been, a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No			

#### ☐ N/A I. Brothers and Sisters – list all living siblings, including half-siblings, step-siblings, foster siblings, etc.

1) NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
	WORK PHONE ( )	CELL PHONE ( )	EMAIL	
2) NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
	WORK PHONE ( )	CELL PHONE ( )	EMAIL	
3) NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
<input type="checkbox"/> M <input type="checkbox"/> F	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_



# PERSONAL HISTORY STATEMENT – POLICE OFFICER

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		WORK PHONE ( )	CELL PHONE ( )	EMAIL	
4) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
<input type="checkbox"/> M	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
<input type="checkbox"/> F	WORK PHONE ( )	CELL PHONE ( )	EMAIL		
<input type="checkbox"/> UNDER AGE 18					
5) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
<input type="checkbox"/> M	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
<input type="checkbox"/> F	WORK PHONE ( )	CELL PHONE ( )	EMAIL		
<input type="checkbox"/> UNDER AGE 18					
6) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
<input type="checkbox"/> M	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
<input type="checkbox"/> F	WORK PHONE ( )	CELL PHONE ( )	EMAIL		
<input type="checkbox"/> UNDER AGE 18					

<input type="checkbox"/> N/A	J. Children				
List all of your living children, including natural, adopted, step, and/or foster care. Include any other children who reside with you. Provide the name and contact information of the custodial parent or guardian, if other than you.					
1) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
<input type="checkbox"/> F		CONTACT NUMBER ( )		EMAIL	
2) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
<input type="checkbox"/> F		CONTACT NUMBER ( )		EMAIL	
3) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
<input type="checkbox"/> F		CONTACT NUMBER ( )		EMAIL	
4) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
<input type="checkbox"/> F		CONTACT NUMBER ( )		EMAIL	
5) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
<input type="checkbox"/> F		CONTACT NUMBER ( )		EMAIL	
6) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

# PERSONAL HISTORY STATEMENT – POLICE OFFICER

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☐ M  
☐ F

CHILD'S AGE

ADDRESS (NUMBER / STREET / APT)

CITY

STATE

ZIP

CONTACT NUMBER  
( )

EMAIL

## 14. REFERENCES

List 4–7 people who know you well, such as social and family friends, co-workers, military acquaintances. Do not include relatives, employers or housemates, or other individuals listed elsewhere.

A) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE ( )		CELL PHONE ( )		EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	
B) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE ( )		CELL PHONE ( )		EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	
C) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE ( )		CELL PHONE ( )		EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	
D) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE ( )		CELL PHONE ( )		EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	
E) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE ( )		CELL PHONE ( )		EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	
F) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE ( )		CELL PHONE ( )		EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	
G) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_



# PERSONAL HISTORY STATEMENT – POLICE OFFICER

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HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE ( )	CELL PHONE ( )	EMAIL			
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	

## SECTION 3: EDUCATION

**NOTE:** You will be required to furnish transcripts or other proof to support all of your educational claims.

15. Check applicable: ☐ High School Diploma from an accredited U.S. institution ☐ GED ☐ California High School Proficiency Certificate

16. List high schools attended:

A) NAME	FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
CITY	STATE		
B) NAME	FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
CITY	STATE		

17. List all colleges or universities attended:

A) NAME	FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED
CITY	STATE			
B) NAME	FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED
CITY	STATE			
C) NAME	FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED
CITY	STATE			

18. List any trade, vocational, or business schools/institutes attended:

A) NAME	FROM	TO	DID YOU COMPLETE THE COURSE? <input type="checkbox"/> Yes <input type="checkbox"/> No
TYPE OF SCHOOL OR TRAINING	CITY	STATE	
B) NAME	FROM	TO	DID YOU COMPLETE THE COURSE? <input type="checkbox"/> Yes <input type="checkbox"/> No
TYPE OF SCHOOL OR TRAINING	CITY	STATE	
C) NAME	FROM	TO	DID YOU COMPLETE THE COURSE? <input type="checkbox"/> Yes <input type="checkbox"/> No
TYPE OF SCHOOL OR TRAINING	CITY	STATE	

19. Have you ever attended a POST Basic Academy? ☐ Yes ☐ No

If yes, provide the following information:

A) ACADEMY NAME	FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Y <input type="checkbox"/> N
LOCATION (CITY / STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR	CONTACT NUMBER ( )	

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B) ACADEMY NAME		FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Y <input type="checkbox"/> N
LOCATION (CITY / STATE)		NAME OF TRAINING OFFICER / ACADEMY COORDINATOR		CONTACT NUMBER ( )

## SECTION 3: EDUCATION *continued*

20. Have you ever been placed on academic discipline, suspended, or expelled from any high school, college/university, business or trade school? ..... ☐ Yes ☐ No

If yes, describe in detail below. Starting with high school, list any and all disciplinary actions received in any school or educational institution. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.

## SECTION 4: RESIDENCE

### 21. LIST OF RESIDENCES

- List all residences during the last ten years or since age 15. Provide complete addresses (include markers such as Street, Drive, Road, East, West, etc., and unit or apartment number). Do not use P.O. Boxes.
- If the residence is a military base, identify name of base in address, nearest city, state and zip code. DO NOT LIST military barracks mates unless you shared individual quarters.
- If more space is needed continue on page 25.

A) ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)			FROM	TO <b>Present</b>
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)			CONTACT NUMBER ( )	
CITY	STATE	ZIP	EMAIL	
Names of those with whom you live:				

B) FORMER ADDRESS (NUMBER / STREET / APT)			FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)			CONTACT NUMBER ( )	
CITY	STATE	ZIP	EMAIL	
Names of those with whom you lived:				
Reason for moving:				

C) FORMER ADDRESS (NUMBER / STREET / APT)			FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)			CONTACT NUMBER ( )	
CITY	STATE	ZIP	EMAIL	
Names of those with whom you lived:				

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Reason for moving:

## SECTION 4: RESIDENCE *continued*

### 21. LIST OF RESIDENCES *continued*

D) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ( )	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you lived:					
Reason for moving:					
E) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ( )	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you lived:					
Reason for moving:					
F) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ( )	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you lived:					
Reason for moving:					
G) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ( )	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you lived:					
Reason for moving:					

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## SECTION 4: RESIDENCE *continued*

22. Provide contact information for all housemates listed in Question 21 with whom you have resided during the past 10 years, or since the age of 15. DO NOT list anyone for whom you have already provided contact information. If more space is needed, continue your response on page 25.

A) NAME		CONTACT NUMBER (   )	
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT                      CITY                      STATE                      ZIP			
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		EMAIL	
B) NAME		CONTACT NUMBER (   )	
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT                      CITY                      STATE                      ZIP			
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		EMAIL	
C) NAME		CONTACT NUMBER (   )	
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT                      CITY                      STATE                      ZIP			
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		EMAIL	
D) NAME		CONTACT NUMBER (   )	
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT                      CITY                      STATE                      ZIP			
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		EMAIL	
E) NAME		CONTACT NUMBER (   )	
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT                      CITY                      STATE                      ZIP			
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		EMAIL	
F) NAME		CONTACT NUMBER (   )	
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT                      CITY                      STATE                      ZIP			
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		EMAIL	

23. Have you ever been evicted or asked to leave a residence? ..... ☐ Yes      ☐ No

24. Have you ever left a residence owing rent? ..... ☐ Yes      ☐ No

If you answered yes to Questions 23 and/or 24, explain (include when, where and circumstances):

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_



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## SECTION 5: EXPERIENCE AND EMPLOYMENT

### 25. JOB EXPERIENCE

- List ALL jobs you have had, including part-time, temporary, self-employment and volunteer. (Begin with your most current. If more space is needed continue your response on page 25.)
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment.
- List ALL periods of unemployment in excess of 30 days.

A) NAME OF EMPLOYER OR MILITARY UNIT				FROM		TO	
ADDRESS (NUMBER / STREET OR BASE)				SUPERVISOR			
CITY			STATE	ZIP	CONTACT NUMBER ( )		EXT
JOB TITLE				EMAIL			
DUTIES / ASSIGNMENTS						<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR WANTING TO LEAVE			
Would there be a problem if we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, EXPLAIN:					

B) PERIOD OF UNEMPLOYMENT				FROM		TO	
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other							

C) NAME OF EMPLOYER OR MILITARY UNIT				FROM		TO	
ADDRESS (NUMBER / STREET OR BASE)				SUPERVISOR			
CITY			STATE	ZIP	CONTACT NUMBER ( )		EXT
JOB TITLE				EMAIL			
DUTIES / ASSIGNMENTS						<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING			

D) PERIOD OF UNEMPLOYMENT				FROM		TO	
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other							

E) NAME OF EMPLOYER OR MILITARY UNIT				FROM		TO	
ADDRESS (NUMBER / STREET OR BASE)				SUPERVISOR			
CITY			STATE	ZIP	CONTACT NUMBER ( )		EXT
JOB TITLE				EMAIL			
DUTIES / ASSIGNMENTS						<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING			

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**SECTION 5: EXPERIENCE AND EMPLOYMENT** *continued*25. JOB EXPERIENCE *continued*

F) PERIOD OF UNEMPLOYMENT					FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other						

G) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

H) PERIOD OF UNEMPLOYMENT					FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other						

I) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

J) PERIOD OF UNEMPLOYMENT					FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other						

K) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

L) PERIOD OF UNEMPLOYMENT					FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other						

**SECTION 6: EXPERIENCE AND EMPLOYMENT** *continued*25. JOB EXPERIENCE *continued*

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_



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M) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

N) PERIOD OF UNEMPLOYMENT				FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other					

O) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

P) PERIOD OF UNEMPLOYMENT				FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other					

Q) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

26. Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments or demotions) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
27. Have ever you ever been fired, released from probation, or asked to resign from any place of employment? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
28. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
29. Have you ever quit without giving proper notice? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
30. Have you ever resigned in lieu of termination? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

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31. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate or customer? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32. Were you ever the subject of a complaint at work? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
33. Have you ever been counseled at work due to lateness or absences? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
34. Did you ever receive an unsatisfactory performance review? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
35. Have you ever sold, released, or given away legally confidential information? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
36. Have you ever called in sick when you were neither sick nor caring for a sick family member? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how many sick days have you used in the past five years which were not due to illness?		

If you answered yes to any of Questions 26–36, explain (include when, where and circumstances; indicate corresponding number):

37. In the past three years, have you missed days or been late to work due to drug or alcohol consumption? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how often?		
38. Has your work performance ever been affected by your use of alcohol or drugs? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
WHEN?	NAME OF EMPLOYER	
39. In the past three years, have you been warned by an employer about your drinking or drug habits and their impact on your performance? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
WHEN?	NAME OF EMPLOYER	

40. Have you ever applied to any other law enforcement agency (city, county, state or federal)? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> <li>If yes, list EVERY agency you have applied to, starting with the most recent (give complete and accurate addresses).</li> <li>All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency.</li> <li>If more space is needed, continue your response on page 25.</li> </ul>		
A) NAME OF AGENCY		DATE APPLIED
ADDRESS (NUMBER / STREET)		BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)
CITY	STATE	ZIP
POSITION APPLIED FOR		CONTACT NUMBER ( )
		EXT
		EMAIL
Check each step in the process that you completed, and your status:		
STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's oral <input type="checkbox"/> Conditional job offer		
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified		

## SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

40. Have you ever applied to any other law enforcement agency... *continued*

B) NAME OF AGENCY	DATE APPLIED
ADDRESS (NUMBER / STREET)	BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_



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CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT
POSITION APPLIED FOR			EMAIL	
Check each step in the process that you completed, and your status: STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's oral <input type="checkbox"/> Conditional job offer STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified				
C) NAME OF AGENCY			DATE APPLIED	
ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT
POSITION APPLIED FOR			EMAIL	
Check each step in the process that you completed, and your status: STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's oral <input type="checkbox"/> Conditional job offer STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified				

## SECTION 6: MILITARY EXPERIENCE

41. Are you required to register for the Selective Service? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, have you registered? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:	
42. BRANCH OF SERVICE	43. DATES OF SERVICE From To
44. TYPE OF DISCHARGE: <input type="checkbox"/> Entry Level <input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> OTH (Other than Honorable) <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable Re-entry Code (1–4) if applicable – refer to your DD-214:	
45. Are you currently participating in one of the following? <input type="checkbox"/> Military Reserve <input type="checkbox"/> National Guard If checked, date obligation ends:	
46. Have you ever been the subject of any judicial or non-judicial disciplinary action (such as, court martial, captain's mast, office hours, company punishment)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
47. Were you ever denied a security clearance, or had a clearance revoked, suspended or downgraded? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	

If you answered yes to Questions 46 and/or 47, explain (include dates and circumstances):

## SECTION 7: FINANCIAL

48. INCOME AND EXPENSES	
For each of the following questions fill in the amounts to the nearest dollar.	
A) From your employer(s), what is your take-home monthly income? .....	\$ _____ per month
B) Do you have income other than from your salary or wages? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	

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If yes, fill in amount: ..... \$ \_\_\_\_\_ per month

Explain:

c) How much do you spend each month? ..... \$ \_\_\_\_\_ per month

*Estimate your monthly living expenses; include housing, utilities, credit cards or other loan payments, food, gas and car maintenance, entertainment, etc., as well as any other obligation(s) you may have.*49. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)? ..... ☐ Yes ☐ No50. Have any of your bills ever been turned over to a collection agency? ..... ☐ Yes ☐ No51. Have you ever had purchased goods repossessed? ..... ☐ Yes ☐ No52. Have your wages ever been garnished? ..... ☐ Yes ☐ No53. Have you ever been delinquent on income or other tax payments? ..... ☐ Yes ☐ No54. Have you ever failed to file income tax or cheated/lie on an income tax form? ..... ☐ Yes ☐ No55. Have you ever had an employment bond refused? ..... ☐ Yes ☐ No56. Have you ever avoided paying any lawful debt by moving away? ..... ☐ Yes ☐ No57. Have you ever defaulted on (failed to pay) a loan? ..... ☐ Yes ☐ No58. Have you ever borrowed money to pay for a gambling debt? ..... ☐ Yes ☐ No  
If yes, do you currently have any outstanding debts as a result of gambling? ..... ☐ Yes ☐ No59. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)? ..... ☐ Yes ☐ No60. Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)? ..... ☐ Yes ☐ No61. Have you written three or more bad checks in a one-year period? ..... ☐ Yes ☐ No

If you answered yes to any of Questions 49–61, explain (include when, where, and why; indicate corresponding number):

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_



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**SECTION 8: LEGAL****Disclosure of Arrests and Convictions**

As an applicant for a peace officer position, you are required to disclose any of the following, *even if the records were sealed, expunged, dismissed or pardoned*:

- ALL detentions or arrests, whether they resulted in a conviction or not
- ALL convictions
- ALL diversion programs that were not successfully completed

If more space is needed, continue on page 25.

62. Either as an adult or a juvenile, have you EVER been detained for investigation, held on suspicion, questioned, fingerprinted, arrested, indicted, criminally charged, or convicted of any misdemeanor or felony offense in this state or in any other legal jurisdiction (including offenses punishable under the Uniform Code of Military Justice)? ..... ☐ Yes ☐ No

If yes, explain each incident. Please provide copy of Police arrest report, court disposition and probation completion document for each incident.

A) APPROXIMATE DATE		ARRESTING OR DETAINING AGENCY	
CHARGE			
DISPOSITION OR PENALTY			
B) APPROXIMATE DATE		ARRESTING OR DETAINING AGENCY	
CHARGE			
DISPOSITION OR PENALTY			
C) APPROXIMATE DATE		ARRESTING OR DETAINING AGENCY	
CHARGE			
DISPOSITION OR PENALTY			
D) APPROXIMATE DATE		ARRESTING OR DETAINING AGENCY	
CHARGE			
DISPOSITION OR PENALTY			

63. Have you ever been placed on court probation as an adult? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
64. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
65. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
66. Have the police ever been called to your home for any reason? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
67. Have you or your spouse/partner ever been referred to Child Protective Services? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

# PERSONAL HISTORY STATEMENT – POLICE OFFICER

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68. Have you ever been the subject of an emergency protective order/restraining order/stay-away order? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
69. Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
70. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
71. Have you ever filed a false insurance or workers' compensation claim?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered yes to any of Questions 63–71, explain (include court case or document, dates, and circumstances; indicate corresponding number):

72. UNDETECTED ACTS – PART 1		
Within the past seven years <u>OR</u> at any time after you were first employed in law enforcement, have you ever committed any of the following misdemeanors?		
A) Annoying / obscene phone calls .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B) Battery (use of force or violence upon another) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C) Brandishing a weapon (any type of weapon) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D) Carrying a concealed weapon without a permit.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E) Contributing to the delinquency of a minor.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
F) Defrauding an innkeeper (not paying for food or room at a hotel/motel) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
G) Driving under the influence of alcohol and/or drugs .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
H) Drunk in public (being so intoxicated in a public place that you're not able to care for yourself) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I) Hit & run collision (no injuries) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
J) Hunting/fishing without a license.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
K) Illegal gambling .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
L) Impersonating a peace officer (pretending to be a police officer) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
M) Indecent exposure (including flashing or mooning) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
N) Joyriding (using a car or other vehicle without owner's permission) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
O) Petty theft (value up to \$500, including shoplifting/switching price tags).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
P) Possession of alcohol as a minor.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q) Possession of falsified or altered identification, including use of another person's ID (for any reason) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_



# PERSONAL HISTORY STATEMENT – POLICE OFFICER

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R) Possession of stolen property (including vehicles).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
S) Prostitution or soliciting a prostitute.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
T) Resisting arrest (including running from the police).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
U) Trespassing.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
V) Vandalism (including "tagging," malicious mischief and/or property damage).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
W) Intentionally writing a bad check.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
X) Filing a false police report.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Y) Any other act amounting to a misdemeanor within the past seven years.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered yes to any item(s) in Question 72, fully explain circumstances, including date(s), names of individuals involved, and resolution. Indicate the corresponding letter (72-A, etc.) for each explanation.

## 73. UNDETECTED ACTS – PART 2

At any time in your life have you ever committed any of the following?

A) Arson (intentionally destroying property by setting a fire).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B) Assault with a deadly weapon.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C) Theft of a vehicle and/or vehicle parts.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D) Burglary (entering a structure or vehicle to commit theft or other crime).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E) Child molestation (performing unlawful acts with a child).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
F) Accessing and/or possessing child pornography.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
G) Elder abuse/neglect.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
H) Embezzlement (theft of money or other valuables entrusted to you).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I) Felony drunk driving (involving injuries).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
J) Forcible rape or other act of unlawful intercourse.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

# PERSONAL HISTORY STATEMENT – POLICE OFFICER

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K) Forgery (falsifying any type of document, check certificate, license, currency, etc.) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
L) Hit & run (with injuries).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
M) Hate crime .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
N) Insurance fraud.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
O) Grand theft (value of over \$400, or any firearm).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
P) Murder, homicide, or attempted murder .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q) Perjury (lying under oath).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
R) Possession of an explosive/destructive device.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
S) Robbery (theft from another person using a weapon, force, or fear).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
T) Stalking .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
U) Blackmail or extortion .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
V) Any other act amounting to a felony.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered yes to any item(s) in Question 73, fully explain circumstances, including date(s), names of individuals involved, and resolution. Indicate the corresponding letter (73-A, etc.) for each explanation.

## SECTION 8: LEGAL *continued*

Questions 74 and 75 ask about your current and past recreational drug use. This covers the use of any drug, including the unauthorized use of prescription drugs or over-the-counter drugs. Your answers should include, but not be limited to, your use of any of the following drugs:

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_



## PERSONAL HISTORY STATEMENT – POLICE OFFICER

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- |  |   |                              |
|--|---|------------------------------|
| - Amphetamines / Methamphetamines<br>(Uppers, Speed, Crank, etc) | - Glue                                      | - Mescaline                  |
| - Barbiturates (Downers)   | - Hallucinogens<br>(Peyote, LSD, Mushrooms) | - Morphine                   |
| - Cocaine / Crack Cocaine  | - Hashish / Hashish Oil                     | - PCP / Angel Dust           |
| - Designer Drugs<br>(Ecstasy, Synthetic Heroin, etc.)            | - Heroin / Opium                            | - Quaaludes                  |
| - GHB (Date Rape Drug)   | - Marijuana                                 | - Steroids                   |
|  |   | - Tetrahydrocannabinol (THC) |

74. **Within the past six months**, have you used any drug(s) as indicated above? ..... ☐ Yes ☐ No

If yes, give details, including drug(s) used and circumstances:

75. **Prior to the past six months** (check all that apply):

- ☐ I have never used any drug recreationally.
- ☐ I have tried or used one or more drugs, but only under limited circumstances (for example, experimentation, at parties, concerts, special events, etc.).

If checked, give details including drug(s) used, most recent date used, and circumstances.

76. Have you **ever** engaged in any of the activities listed below for drugs, narcotics or illegal substances, including marijuana? If not, please indicate N/A.

- |                                       |                                    |  |
|---------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Sold         | <input type="checkbox"/> Purchased | <input type="checkbox"/> Cultivated                  |
| <input type="checkbox"/> Manufactured | <input type="checkbox"/> Furnished | <input type="checkbox"/> Carried or held for another |

If you checked any items above, give details including drug(s) involved, over what time period(s) and circumstances.

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

# PERSONAL HISTORY STATEMENT – POLICE OFFICER

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## SECTION 9: MOTOR VEHICLE OPERATION

77. CURRENT DRIVER'S LICENSE NUMBER      STATE OF ISSUE      EXPIRATION DATE      NAME UNDER WHICH LICENSE WAS GRANTED

78. LIST OTHER STATES WHERE YOU HAVE BEEN LICENSED TO OPERATE A MOTOR VEHICLE:

State of issue	Type of license	Name under which license was granted and license number, if known

79. Have you ever been refused a driver's license by any state?..... ☐ Yes      ☐ No

If yes, explain (include when, where, and circumstances):

80. Has your driver's license ever been suspended or revoked? ..... ☐ Yes      ☐ No

If yes, explain (include when, where, and circumstances):

81. List your current liability insurance on your vehicle(s):

A) TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit		VEHICLE MAKE	YEAR	VEHICLE LICENSE
INSURANCE COMPANY		POLICY NUMBER		EXPIRES
ADDRESS (NUMBER / STREET      CITY		STATE	ZIP	CONTACT NUMBER (    )
B) TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit		VEHICLE MAKE	YEAR	VEHICLE LICENSE
INSURANCE COMPANY		POLICY NUMBER		EXPIRES
ADDRESS (NUMBER / STREET      CITY		STATE	ZIP	CONTACT NUMBER (    )
C) TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit		VEHICLE MAKE	YEAR	VEHICLE LICENSE
INSURANCE COMPANY		POLICY NUMBER		EXPIRES
ADDRESS (NUMBER / STREET      CITY		STATE	ZIP	CONTACT NUMBER (    )
D) TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit		VEHICLE MAKE	YEAR	VEHICLE LICENSE
INSURANCE COMPANY		POLICY NUMBER		EXPIRES
ADDRESS (NUMBER / STREET      CITY		STATE	ZIP	CONTACT NUMBER (    )

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_



# PERSONAL HISTORY STATEMENT – POLICE OFFICER

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## SECTION 9: MOTOR VEHICLE OPERATION *continued*

82. List all traffic citations, excluding parking citations, you have received within the past seven years: ☐ None

A) NATURE OF VIOLATION		LOCATION (STREET)	CITY	STATE
DATE VIOLATION OCCURRED Month      Year		ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
B) NATURE OF VIOLATION		LOCATION (STREET)	CITY	STATE
DATE VIOLATION OCCURRED Month      Year		ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
C) NATURE OF VIOLATION		LOCATION (STREET)	CITY	STATE
DATE VIOLATION OCCURRED Month      Year		ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		

83. Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to the following? (Check all that apply.)

☐ Failed to appear    ☐ Failed to complete traffic school    ☐ Failed to pay the required fine

If checked, explain circumstances:

83. Have you been involved as the driver in a motor vehicle accident within the past seven years? ☐ Yes    ☐ No

If yes, give details. Please provide copy of Police accident report.

A) DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY		<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY	
B) DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY		<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY	
C) DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY		<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY	

84. Have you ever driven a vehicle without auto insurance, as required by law? ☐ Yes    ☐ No

IF YES, GIVE REASON:

DATE Month      Year	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
-------------------------	----------------------------------	------	-------	-----

85. Have you ever been refused automobile liability insurance or a bond, or had them cancelled? ☐ Yes    ☐ No

IF YES, GIVE REASON:

INSURANCE COMPANY

DATE Month      Year	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
-------------------------	----------------------------------	------	-------	-----

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

**PERSONAL HISTORY STATEMENT – POLICE OFFICER**

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**SECTION 9: MOTOR VEHICLE OPERATION** *continued*

Use this space for additional information you would like to include regarding your driving record.

**SECTION 10: OTHER TOPICS**

86. Have you ever been refused a permit to carry a concealed weapon? ..... ☐ Yes ☐ No
87. Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? ..... ☐ Yes ☐ No
88. Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? ..... ☐ Yes ☐ No
89. Since the age of 16, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act? ..... ☐ Yes ☐ No
90. Have you ever hit or physically overpowered a spouse or romantic partner? ..... ☐ Yes ☐ No

If you answered yes to any of Questions 86–90, give details including dates and circumstances; indicate corresponding number.

**SECTION 11: CERTIFICATION**

91. I hereby certify that I have personally completed and initialed each page of this form and any supplemental page(s) attached, and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment.

SIGNATURE IN FULL

DATE

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_



## PERSONAL HISTORY STATEMENT – POLICE OFFICER

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### ADDITIONAL SPACE

- Duplicate this page as needed to include additional information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc.)
- Identify the corresponding question and specific item being referenced.

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

# PERSONAL HISTORY STATEMENT – POLICE OFFICER

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NOTE: Any (YES) requires a detailed explanation on the back of this page.		YES	NO
Have you ever committed:			
1a	Kidnapping		
1b	Any other forcible sex act (oral copulation, sodomy, etc.)		
1c	Sexual intercourse or act with a person under age 18		
1d	Incest (sexual intercourse with any member of your immediate family, other than your spouse)		
1e	Sex in a place exposed to public view		
1f	Violent assault upon another person (including spouse, significant others)		
1g	Domestic Violence (including common-law significant others)		
1h	Child Abuse		
1i	Bestiality (any sex act with an animal)		
2	Are you prohibited by law from owning, possessing, or carrying a firearm?		
3	Have you ever applied for a permit to carry a concealed weapon?		
4	Have you ever illegally carried a weapon? (Includes any dagger, billy club, metal knuckles, nunchaku, throwing star, sap, short-barreled shotgun/rifle, butterfly knife, or any explosive substance)		
5	During your background investigation, is anyone likely to report that you have illegally used or carried a firearm?		
6	Did you ever fail to register for the military draft when required to do so by law?		
7	Either as an adult or juvenile, have you ever been detained for investigation or questioned by any law enforcement agency? Detention in and of itself is not disqualifying.		
8	Have you ever been placed on court probation as a juvenile or an adult? If "YES", give details (including date(s), where and why).		
9	Have you ever had a warrant issued for your arrest? If "YES," give details (including date(s), where and why).		
10	Are you currently, or have you ever been on parole? If "YES," give details (including date(s), where and why).		
11	Have you ever been arrested or convicted of any crime, as an adult or juvenile (excluding traffics citations)? If so, please include the following information on the back: Date of Incident, Police Agency, Circumstances, Sentences, Court Case Number, Police Case Number, Police Report(s), Court.		
12	Are you now wanted, for any reason, by any law enforcement agency?		
13	Have you ever had a criminal record (adult or juvenile) sealed?		

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_



# **PERSONAL HISTORY STATEMENT – POLICE OFFICER**

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NOTE: Any (YES) requires a detailed explanation on the back of this page.		YES	NO
14	Have you ever had to testify in a criminal proceeding?		
15	Have you ever illegally exposed your genitals?		
16	Have you ever been arrested for an illegal sex act?		
17	Have you ever participated in any form of sex-related entertainment for pay or received payment for a sexual act?		
18	Have you ever had to register as a sex offender?		
19	Have you any reason to be concerned about an investigation into your personality traits?		
20	If applying for a police officer position, are you afraid of physical combat?		
21	If applying for a police officer position, have you ever fired a firearm?		
22	If applying for a police officer position, are you afraid of firearms?		
23	Do you have any prejudices against any minority, religious, or militant groups?		
24	During your background investigation, is anyone likely to report that you have any prejudices against any minority, religious, or militant groups?		
25	Do you feel your prejudices might affect your ability to perform this job?		
26	Do you frequently lose your temper?		
27	Have you ever had any difficulties or disputes with a neighbor?		
28	Have you ever lost your temper with your family, friends, co-workers, supervisors, or a stranger? If yes, explain in detail on back.		
29	Have you ever been involved in a fight? If so, when was the last time?		
30	In the past year, have you ever been in or started any fights?		
31	Since you were 18, have you struck or injured any person?		
32	Have you ever struck someone living with you?		
33	Have you had to physically defend yourself? If so, how many times? (Other than training, e.g., military, police academy, or self defense courses, etc.)		
34	Other than in warfare, have you ever caused serious injury to a human being?		
35	Other than warfare, have you ever used any weapon against someone?		

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

# PERSONAL HISTORY STATEMENT – POLICE OFFICER

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NOTE: Any (YES) requires a detailed explanation on the back of this page.		YES	NO
36	Other than in warfare, have you been involved in a violent incident such as shooting, knifing, or fight where someone was, or could have been, seriously injured or killed?		
37	Other than in warfare, have you ever caused the death of a human being?		
38	If applying as an officer, if it becomes necessary in the course of your duties to take a human life, would you have any reluctance to do so because of religious or other personal beliefs?		
39	During your background investigation, is anyone likely to report that you have violent tendencies?		
40	During your background investigation, is anyone likely to report that you have a problem with your temper?		
41	During our background investigation, is anyone likely to report that you have personality characteristics, which would make you unsuitable for the position you have applied for?		
42	Do you, or have you ever, consumed alcoholic beverages during working hours or just prior to reporting to work?		
43	Have you ever been terminated for drinking alcoholic beverage on or off the job?		
44	Have you ever been told by your spouse or family that you drink too much?		
45	Have you ever driven a car under the influence of alcohol and/or drugs? If so, how many times? Give the date of the last occurrence.		
46	During your background investigation, is anyone likely to report that you have had any problems related to alcohol?		
47	Do any of your friends; immediate family, or associates use any drugs, narcotics, or other illegal substances? If "YES," how often are you in contact with them?		
48	Have you ever remained in a place where drugs, narcotics or other illegal substances were being used, possessed, sold, manufactured, etc? If "YES," please indicate time frames.		
49	Have you ever purchased narcotics or drugs, including marijuana, without a doctor's prescriptions? If "YES," please indicate time frames.		
50	Have you ever misused or abused any prescription drugs? If "YES," include date of last occurrence.		
51	Have you ever had to register as a narcotic offender? If "YES," give date(s), county and state.		
52	Have you ever furnished, manufactured, cultivated or possessed any drug, narcotic, or other illegal substance?  Substance: _____ (Explain on back, include date(s).)		
53	Have you knowingly allowed anyone to use illegal drugs in your home?  Substance: _____ (Explain on back, include date(s).)		
54	Have you ever sold narcotics or drugs, including marijuana? If yes, explain on back. Include: Total profit earned, the substance(s) sold, number of times, and the last time.		

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_



# PERSONAL HISTORY STATEMENT – POLICE OFFICER

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NOTE: Any (YES) requires a detailed explanation on the back of this page.						YES	NO
55	Have you ever worked under the influence of illegal drugs? If "YES," include employer and frequency that it occurred.						
56	Have you ever ingested a substance you thought was an illegal drug and then found out it wasn't? If "YES," include the last date this occurred.						
57	Have you ever been involved in the manufacturing of any drugs? If "YES," please include date of last occurrence.						
58	Have you ever been the "middle man" for a drug deal? If "YES," include date of last occurrence.						
59	Have you ever purchased steroids? If "YES," date of last purchase.						
60	Have you ever helped another person purchase steroids? If "YES," date of last occurrence.						
61	Has anyone other than a medical person injected anything into your body?						
62	If applying for an officer, would you arrest a friend if you came upon that friend using narcotics or illegal drugs? Please provide statement explaining your answer.						
63	Have you ever received any illegal drug(s) by someone as a joke? If "YES," include date of last occurrence.						
64	During your background investigation, is anyone likely to report that you have been involved in the use or sales of illegal drugs?						
65	Have you ever used or experimented with any of the following substances, drugs, or narcotics, even one time?						
	Drug Type/Name	First Used Mo/YR	Last Used Mo/Yr	Drug Used Once	If used more than once, how many times?		
	Marijuana/THC (Circle ones that apply)						
	Hashish, Hash Oil (Circle ones that apply)						
	Cocaine						
	Barbiturates (downers)						
	Amphetamines (uppers, speed)						
	Heroin						
	LSD, Mushrooms, other Hallucinogenic (Circle ones that apply)						
	PCP, (angel dust)						
	Opium, Morphine						
	Steroids						
	Toluene						
	Designer / Synthetics (Ecstasy)						
	Other						
66	Have you ever tested positive on an employment related drug test? If "YES," date of last positive test.						

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

# PERSONAL HISTORY STATEMENT – POLICE OFFICER

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NOTE: Any (YES) requires a detailed explanation on the back of this page.		YES	NO
67	Have you any reason to be concerned about an investigation into your military service?		
68	Have you ever been denied enlistment or re-enlistment in the military service?		
69	Were you dishonorably discharged from the military?		
70	Have you ever been considered absent without leave (A.W.O.L.) or taken an unauthorized absence from the military?		
71	Were you ever restricted to the base?		
72	Were you ever in military confinement?		
73	Have you ever been a participant in a court martial?		
74	Did you ever receive non-judicial office hours, Captain Mast, or similar punishment?		
75	While in the military, did you receive any type of disciplinary action?		
76	While in the military, were you ever reduced in grade or rank?		
77	During your background investigation, is anyone likely to report that you have any other problems while in the military?		
78	Did you ever use deadly force while in the military?		
79	Have you had any family problems because of gambling?		
80	Have you had any employment problems because of gambling?		
81	Have you ever placed a bet on a sporting event for a friend or relative?		
82	Have you ever gambled while delinquent or behind in your financial obligations?		
83	Have you gambled in the last year?		
84	Do you feel you know, or did you ever feel you had, a problem with gambling?		
85	What is the most you have ever lost by gambling and won by gambling? Total Winnings: _____ Total Losses: _____		
86	If you answered, "YES" to any of the gambling questions, where did the gambling take place? Answer on the back.		
87	Is there any reason you are not disclosing all creditors and debts, including those of your spouse? If "YES," answer on the back.		
88	Have you ever provided false information on a credit or loan application?		

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_



# PERSONAL HISTORY STATEMENT – POLICE OFFICER

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NOTE: Any (YES) requires a detailed explanation on the back of this page.		YES	NO
89	Have you or did you ever have a poor credit rating?		
90	Have you ever been refused credit?		
91	Have you ever been evicted or threatened with an eviction process?		
92	Have you ever been sued over a debt?		
93	Have you ever filed for debt reorganization?		
94	Have you ever written a check knowing funds were not available to cover payment?		
95	Have you ever bounced a check? If so, what did you do about it?		
96	Have you ever been late paying rent or mortgage payment?		
97	Has your salary ever been attached for non-payment of debts?		
98	Have you ever failed to support any child of yours?		
99	Have you ever been late in making child support payments?		
100	Have you ever been late in repaying a student loan?		
101	Have you ever filed a false insurance claim? If "YES," please include year(s)		
102	Have you ever-obtained financial gain through dishonest means?		
103	Have you ever collected unemployment or welfare benefits (including food stamps) when you were not entitled to?		
104	During your background investigation, is anyone likely to report that you have had financial problems?		
105	Have you ever had a traffic citation that did not show on your DMV printout?		
106	Have you ever had a traffic citation go to warrant? If "YES," please include date(s) and county where original violation took place.		
107	Are you currently driving without automobile insurance? If "YES," for how long?		
108	Has your auto insurance ever been placed in the assigned risk pool?		
109	Have you ever been placed on probation for a traffic related offense?		
110	Have you ever been involved in a police pursuit?		

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

# PERSONAL HISTORY STATEMENT – POLICE OFFICER

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NOTE: Any (YES) requires a detailed explanation on the back of this page.		YES	NO
111	Have you ever fled the scene of a hit and run accident?		
112	Have you ever driven a motor vehicle while under the influence of alcohol and/or drug? If "YES", how many times and when was the last time?		
113	Have you ever caused anyone serious injury by your operation of a motor vehicle?		
114	Have you ever caused the death of anyone by your operation of a motor vehicle?		
115	Have you ever had your vehicle searched?		
116	Are there any jobs you have declined to list that are asked for on the Personal History Form?		
117	Have you ever had any difficulty with a co-worker, subordinate or supervisor?		
118	Have you ever been accused of misconduct at a place of employment?		
119	Have you any reasons to be concerned about an investigation into your past work history?		
120	Are there any reasons for you not showing true and complete reason(s) for leaving each of your previous jobs?		
121	Have you ever left a job with hard feelings toward the management or co-workers?		
122	Are there any reasons you could not return to work for all of your former employers?		
123	Have you ever stolen any money from a place where you worked?		
124	During your background investigation, is anyone likely to report derogatory information about your work performance to the background investigators?		
125	Have you ever borrowed money from an employer and not paid it back?		
126	Have you ever been over paid by an employer and not reported it?		
127	Have you ever embezzled any money from an employer?		
128	Have you ever stolen any merchandise or property from any employer?		
129	Have you ever taken any property that didn't belong to you from a place where you worked? If "YES", please include name of employer?		
130	During your background investigation, is anyone likely to report that you have stolen something from a place where you worked?		
131	Have you ever been turned down by a bonding company?		
132	Have you ever taken a polygraph? If "YES", when and where?		

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_



# **PERSONAL HISTORY STATEMENT – POLICE OFFICER**

Page 31 of 33

NOTE: Any (YES) requires a detailed explanation on the back of this page.		YES	NO
133	Have you ever been refused a security clearance? If "YES," where, when, and why?		
134	Have you ever belonged to a subversive or militant group that has advocated the use of violence or unlawful means to obtain its goals?		
135	Have you ever committed any dishonest act in order to obtain a Police Officer position (i.e. cheating on written exam, or having another person take your medical exam, etc.)?		
136	Have you ever filed a false worker's compensation claim?		
137	Do you have any tattoos? If "YES," give description and location.		
138	Have you ever used falsified identification or identification other than your own?		
139	Have you cheated on a test? Under what circumstances?		
140	Have you ever been reported to any law enforcement agency as a runaway or missing person?		
141	Did you omit from your application any employment issues, i.e. additional jobs, terminations, or layoff?		
142	Have you ever been involved in a hazing incident?		
143	Did you lie about any issue during your oral interview?		
144	Have you intentionally omitted any fact or facts from your application or withheld any adverse information from the background investigator?		
145	Have you ever given any confidential information to any organization or individual that would jeopardize our national security?		
146	Do you have any civil actions pending in court?		
147	Is there anything at all in your background that you have not been asked about that might eliminate you from consideration for this job, if it were found out?		
148	Have you ever been named on or been party to a restraining order?		
149	Have you ever refused to obey a restraining order?		
150	Has your spouse ever called the police on you for any reason?		
151	Have you committed a crime not previously mentioned?		
152	Have ever previously applied to the Savannah Chatham Metropolitan Police Department for a sworn and/or civilian position?		
153	Have you ever applied to another government agency?		
154	Have you ever been rejected by this or any other law enforcement agency of any reason?		

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

# PERSONAL HISTORY STATEMENT – POLICE OFFICER

Page 32 of 33

NOTE: Any (YES) requires a detailed explanation on the back of this page.		YES	NO
155	Have you ever worked at this or any other law enforcement agency in any capacity?		
156	Has any member of your family ever knowingly associated with any member of a street gang?		
157	Have you ever attended a gathering of any street gang?		
158	Have you ever violated any law while associated with members of a street gang?		
159	Have you ever participated in a drive by shooting of a person, home, or vehicle? If "YES," what role did you play? (driver, shooter, etc.)		
160	Have you ever "tagged" or participated in "tagging" someone else's property?		
161	Do you have, or are you known by, any other names or monikers (AKA's)? If "YES," list them on the back and include what they mean.		
162	Have you ever been a victim of gang violence?		
Those applicants who are now or have previously been police officers must answer the following questions.			
163	As a police officer, have you ever accepted a gratuity?		
164	As a police officer, have you ever accepted anything for overlooking a violation?		
165	As a police officer, have you ever made a false official report?		
166	As a police officer, have you ever used your official position for personal gain?		
167	As a police officer have you ever withheld evidence seized in the course of your official duties?		
168	As a police officer, have you ever had sex on duty?		
For the following questions, include: Dates, agency's name, names of other officer(s), where and case number(s), to contact them if necessary, the person(s) in charge of the investigation/complaint, and case number.			
169	Have you ever been the subject of an internal affairs investigation?		
170	Have you ever had a citizen's complaint alleged against you?		
171	Have you ever had any disciplinary actions taken against you, including suspensions, written oral reprimands (including military and reserve peace officer experience)?		
172	Have you ever been involved in an incident where it was necessary to use deadly force, regardless if the person died or not? (Include military and reserve peace officer experience.)		

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_



## PERSONAL HISTORY STATEMENT – POLICE OFFICER

Page 33 of 33

I am aware that any false statements or omissions made on this questionnaire will cause my name to be removed from the eligibility list, or be cause for non-selection by the Savannah Chatham Metropolitan Police Department. I understand that I am subject to termination if discrepancies are discovered after I have been appointed. Additionally, I understand that I am to immediately notify my background investigator of any changes in the above information. Failure to notify the Staffing Unit of these changes could also be grounds for disqualification and/or non-selection.

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

# Lawrence Consultants Polygraph POLYGRAPH BOOKLET

(revised 12/31/2013)

APPLICANT (Print Name): \_\_\_\_\_

(Signature): \_\_\_\_\_

Today's Date: \_\_\_\_\_

EMPLOYER: Savannah Chatham Metropolitan Police

The applicant should review the Background Standards to ensure you are qualified for hiring. As you complete this Polygraph Booklet, remember that **your truthfulness, with no omissions of significant information, will ensure a positive polygraph experience.**

Your polygraph questions will include:

**- Have you intentionally falsified any of your answers in this booklet?**

**- Have you falsified or omitted any significant information concerning your ... :**

Identity, residence, or education

Driving record

Arrest / conviction record

Legal or financial status

Employment record or military history

Abuse of alcohol or prescription medication

Use of illegal drugs

Integrity and honesty

**YES ( ) NO ( )** Have you ever had a polygraph examination? If YES, explain:

Date	Reason	Results

**YES ( ) NO ( )** Do you intend to falsify any of your answers in this polygraph booklet?  
You will need to sign again on the bottom of page 9 when you have completed this booklet

## INSTRUCTIONS

Read each question on the following pages thoroughly before answering.  
**Answer all questions and provide information**, with explanations if necessary.  
Make a notation if you decide to use the back of the page to continue your information.



## PERSONAL IDENTITY:

Phone:

Residence:

Who resides with you?

Street Address, City, State:

Social Security Number:

Place of birth, Date of birth, Age:

Height, Weight, Sex:

What do most people call you (name, nickname)?

**YES ( ) NO ( )**

Have you ever used another name or identity illegally? If yes, explain:

Education:

How far did you get in school?

Last school:

## HEALTH:

How would you describe health?

List prescription medications you are currently taking and reason:

**YES ( ) NO ( )**  
(FEMALES ONLY)

Are you pregnant? If YES, what is your due date?

**YES ( ) NO ( )**

Have you ever forged or altered a drug prescription? If YES, explain:

## USE OF ALCOHOL:

**YES ( ) NO ( )**

Have you ever consumed alcohol? If YES, describe the extent of your use of alcohol:

**YES ( ) NO ( )**

Have you ever been arrested or charged with any alcohol related activity? If YES, explain:

**YES ( ) NO ( )**

Have you ever consumed alcohol prior to reporting for work, or during your working shift? If YES, explain:

## DRIVING RECORD:

<b>YES ( ) NO ( )</b> During the last 7 years, have you had any moving traffic violations? If YES, list all:	<b>Year</b>	<b>Offense</b>	<b>Location</b>
<b>YES ( ) NO ( )</b> During the last 7 years, have you been charged with DUI / DWI? If YES, list all:	<b>Year</b>	<b>Location</b>	<b>Resolution</b>
<b>YES ( ) NO ( )</b> During the last 7 years, has your driver's license ever been suspended or revoked? If YES, list all:	<b>Year</b>	<b>Reason</b>	
<b>NO ( ) YES ( )</b> Do you currently have car insurance? If NO, explain:			
<b>YES ( ) NO ( )</b> During the last 7 years, has your car insurance been canceled? If YES, explain each:	<b>Year</b>	<b>Reason</b>	<b>Insurance Company</b>
<b>YES ( ) NO ( )</b> During the last 7 years, have you had any traffic accidents? If YES, explain each:	<b>Year</b>	<b>Location</b>	<b>At Fault?</b>
<b>YES ( ) NO ( )</b> Have you ever been convicted of Vehicular Homicide or Hit and Run? If YES, explain each:	<b>Year</b>	<b>Location</b>	<b>Resolution</b>

## FINANCIAL AND LEGAL ISSUES:

<b>YES ( ) NO ( )</b> Have you ever been involved in any civil lawsuits or been in court as a defendant? If YES, explain:	
<b>YES ( ) NO ( )</b> Do you owe money to any courts for settlements, judgments, fines, or unpaid tickets? If YES, explain:	
<b>YES ( ) NO ( )</b> Have you ever declared or are you about to declare bankruptcy? If YES, explain:	
<b>YES ( ) NO ( )</b> Are you behind on payments for any bills or loans? If YES, explain:	
<b>YES ( ) NO ( )</b> Has anything ever been repossessed from you? If YES, explain:	
<b>YES ( ) NO ( )</b> Have you ever forged or written a bad check? If YES, explain:	



## INVOLVEMENT WITH ILLEGAL DRUGS:

How many of your friends, associates, or relatives use illegal drugs?	
What types of illegal drugs do they use?	
Describe all drug related objects or paraphernalia that are currently in your presence in your daily routine:	
Describe the last time you were with someone using illegal drug(s).	
What illegal drug(s) were being used?	

**YES ( ) NO ( )** Have you ever used illegal drugs? If YES, describe all use:

Date of First use	Name(s) of Illegal Drug Used	Date of Last Use	Total Times Used

**Have you ever ...**

	Drug Name	Start Date	End Date
<b>YES ( ) NO ( )</b> Possessed illegal drugs?			
<b>YES ( ) NO ( )</b> Purchased illegal drugs?			
<b>YES ( ) NO ( )</b> Sold illegal drugs?			
<b>YES ( ) NO ( )</b> Cultivated illegal drugs?			
<b>YES ( ) NO ( )</b> Manufactured illegal drugs?			
<b>YES ( ) NO ( )</b> Distributed illegal drugs?			

<b>YES ( ) NO ( )</b> Have you ever casually used illegal drugs prior to reporting to work? If YES, explain:	
<b>YES ( ) NO ( )</b> Have you ever casually used illegal drugs while at work? If YES, explain:	

## ARREST / CONVICTION RECORD:

<b>YES ( ) NO ( )</b>	Have you ever been questioned about a crime by law enforcement authorities? If YES, explain:		
<b>YES ( ) NO ( )</b>	Have you ever been arrested or charged with a crime (no conviction)? If YES, explain:		
<b>YES ( ) NO ( )</b>	Have you ever been fingerprinted , or been a prisoner in a jail or prison? If YES, explain:		
<b>YES ( ) NO ( )</b>	Have you ever had a criminal warrant on you, or are you currently wanted? If YES, explain:		
<b>YES ( ) NO ( )</b>	Have you ever lied to stay out of serious trouble? If YES, explain:		
<b>YES ( ) NO ( )</b>	Have you ever been on probation or are there any pending criminal charges against you? If YES, explain:		
<b>YES ( ) NO ( )</b>	Have you ever been a member of a group or organization which advocates the overthrow of the U.S. Government? If YES, explain:		
<b>YES ( ) NO ( )</b>	Have you ever be a member of a street gang or any organization that advocates violence in the community? If YES, explain:		
<b>YES ( ) NO ( )</b>	Does a convicted felon, or anyone under indictment live with you? If YES, explain:		
<b>YES ( ) NO ( )</b>	Have you ever been convicted of a felony? If YES, describe:	<b>Year</b>	<b>Offense</b>
			<b>Location</b>
<b>YES ( ) NO ( )</b>	Have you ever been convicted of :		
	<input type="checkbox"/> Sexual Offenses <input type="checkbox"/> Impersonation of a Police Officer <input type="checkbox"/> Domestic Violence <input type="checkbox"/> False Statements <input type="checkbox"/> Perjury <input type="checkbox"/> Fleeing or Attempting to Elude Police		
	If YES to any, explain:		
<b>YES ( ) NO ( )</b>	Have you ever stolen anything or had stolen items in your possession? If YES, describe:		
<b>YES ( ) NO ( )</b>	Have you ever been convicted of a misdemeanor? If YES, describe:	<b>Year</b>	<b>Offense</b>
			<b>Location</b>



## EMPLOYMENT HISTORY:

<b>Current Employer, City, State:</b>	
Date hired, Job description:	
<b>Previous Employer, City, State:</b>	
Date hired, Job description:	
Date and Reason for leaving:	
<b>Previous Employer, City, State:</b>	
Date hired, Job description:	
Date and Reason for leaving:	
<b>Previous Employer, City, State:</b>	
Date hired, Job description:	
Date and Reason for leaving:	
<b>Previous Employer, City, State:</b>	
Date hired, Job description:	
Date and Reason for leaving:	

<b>YES ( ) NO ( )</b> Have you ever been fired from a job? If YES, explain:	
<b>YES ( ) NO ( )</b> Have you ever resigned from a job before being fired? If YES, explain:	
<b>YES ( ) NO ( )</b> Have you ever had any trouble or disagreements with supervisors or coworkers? If YES, explain each:	
<b>YES ( ) NO ( )</b> Have you ever been reprimanded at work? (warning, put on report, suspended) If YES, explain each:	
<b>YES ( ) NO ( )</b> Have you ever taken anything from work that didn't belong to you? If YES, explain each:	

## CRIMINAL JUSTICE EMPLOYMENT POSTION:

(only for those who have currently or previously served in law enforcement, otherwise skip to next page)

<b>YES ( ) NO ( )</b> Have you ever been the subject of an internal investigation? If YES, explain:	
<b>YES ( ) NO ( )</b> Have you ever been suspended from duty? If YES, explain:	
<b>YES ( ) NO ( )</b> Are you currently under investigation by a certifying agency? If YES, explain:	
<b>YES ( ) NO ( )</b> Are you currently awaiting disciplinary action from your agency? If YES, explain:	
<b>YES ( ) NO ( )</b> Have you ever received disciplinary action or had complaints regarding: ___ Sexual Harassment      ___ Insubordination ___ Untruthfulness      ___ Use of excessive force If YES to any, explain :	

Check **NEVER** for each below, or explain the circumstances of any activity that may have been incorrectly or unfairly alleged of you, or came to your attention as the activities of others.

NEVER	ILLEGAL INVOLVEMENT	EXPLANATION OF CIRCUMSTANCES
	Soliciting or receiving bribes, kickbacks, or payoffs from anyone	
	Stealing items from subjects under investigation (money, drugs, weapons)	
	Stealing items from someone under arrest (money, drugs, weapons)	
	Stealing anything from a business establishment while on duty	
	Tampering, planting, stealing, or destroying any physical evidence	
	Falsifying or destroying a case file, computer entry, or official report	
	Releasing confidential information	
	Using illegal drugs while employed	
	Lying under oath in court	



## ARMED FORCES MILITARY HISTORY:

(only for those who have currently or previously served our country)

Branch, Dates of service:	
Duty Position(s):	
Security clearance(s):	
<b>YES ( ) NO ( )</b> Have you ever been denied a Security Clearance? If YES, explain:	
Highest rank attained:	
Present rank, or rank upon discharge:	
<b>YES ( ) NO ( )</b> Have you ever received a reduction in rank? If YES, explain:	
<b>YES ( ) NO ( )</b> Was your discharge under less than honorable circumstances? If YES, explain:	
<b>YES ( ) NO ( )</b> Have you ever received any Article 15's, Company Punishment, Captain's Mast, etc? If YES, explain:	
<b>YES ( ) NO ( )</b> Have you ever been court-martialed? If YES, explain:	

---

**YES ( ) NO ( )** Have you deliberately falsified information in this booklet?

---

Signature \_\_\_\_\_ Date \_\_\_\_\_

**STOP**

The next 2 pages will be used the day of your scheduled polygraph examination.  
 Contact your recruiter to discuss any issues you may have at this time.  
 Your polygraph examiner will discuss your information prior to the start of testing.

## CONSENT TO INTERVIEW WITH POLYGRAPH

Place: Savannah, GA

Date: \_\_\_\_\_

Time: \_\_\_\_\_

( *initial each* )

\_\_\_\_\_ I want to take this polygraph exam and want the results of this examination to be released to the Savannah Chatham Metropolitan Police Department.

\_\_\_\_\_ I have no mental or physical condition which might impact on the results of this examination, and I slept \_\_\_\_\_ hours last night.

\_\_\_\_\_ I understand this test will not relate to:

- religious beliefs
- racial matters
- political beliefs
- unions or labor organizations
- sexual orientation


\_\_\_\_\_ I understand that I have the right to:

- refuse to take this polygraph test
- stop the test at any time
- refuse to answer any specific question

\_\_\_\_\_ I understand and know what I am doing, no threats or promises have been made.

\_\_\_\_\_ I understand the examination will be audio and video recorded.

Signed: \_\_\_\_\_

Examiner: 







## DISCLOSURE AND AUTHORIZATION

[IMPORTANT -- PLEASE READ CAREFULLY  
BEFORE SIGNING AUTHORIZATION]

### DISCLOSURE REGARDING BACKGROUND INVESTIGATION

**ORDER NUMBER:**

**FAX: 910.343.9731**

Company Name: City of Savannah/Savannah Chatham Metropolitan Police Department

CAC:

City of Savannah/Savannah Chatham Metropolitan Police Department ("the Company") may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by **Castle Branch, Inc., 1845 Sir Tyler Drive, Wilmington, NC 28405, 888-723-4263**, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address, and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.

New York applicants or employees only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Oregon applicants or employees only: Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available to you should you suspect or find that the Company has not maintained secured records is available to you upon request.

Washington State applicants or employees only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

### ACKNOWLEDGEMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Castle Branch, Inc., 1845 Sir Tyler Drive, Wilmington, NC 28405, 888-723-4263**, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants or employees only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company ☐

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law ☐

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Other Names/Maiden/Alias \_\_\_\_\_

Social Security\*# \_\_\_\_\_ Date of Birth\* \_\_\_\_\_ (mo/day/year)

Driver's License# \_\_\_\_\_ State \_\_\_\_\_

Phone# \_\_\_\_\_

Email \_\_\_\_\_

Present Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_

\*This information will be used for background screening purposes only and will not be used as hiring criteria.

[Note: If you do business in Utah, you cannot ask for DOB, driver's license, or SSN until either a confidential offer of employment or at the time the background report will be run.]

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Employer Use Only: Please mark (✓) the searches to be conducted.

Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

☐☐☐☐



**NOTICE REGARDING BACKGROUND INVESTIGATION  
PURSUANT TO CALIFORNIA LAW**

City of Savannah/Savannah Chatham Metropolitan Police Department ("the Company") intends to obtain information about you for employment purposes from a consumer reporting agency. Thus, you can expect to be the subject of "investigative consumer reports" and "consumer credit reports" obtained for employment purposes. Such reports may include information about your character, general reputation, personal characteristics and mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency ("ICRA"), you, including but not limited to obtaining a criminal record report, verifying references, work history, your social security number, your educational achievements, licensure, and certifications, your driving record, and other information about you, and interviewing people who are knowledgeable about you. The results of this report may be used as a factor in making employment decisions. The source of any investigative consumer report (as that term is defined under California law) will be **Castle Branch, Inc., 1845 Sir Tyler Drive, Wilmington, NC 28405, 888-723-4263**. The source of any credit report will be **Castle Branch, Inc., 1845 Sir Tyler Drive, Wilmington, NC 28405, 888-723-4263**. The Company agrees to provide you with a copy of an investigative consumer report when required to do so under California law.

Under California Civil Code section 1786.22, you are entitled to find out from an ICRA what is in the ICRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the ICRA's file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. ICRA's complying with requests for certified mailing shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRA's.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identity.

The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection.

You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person's presence.

## Notice Regarding Credit Checks:

Pursuant to Section 1024.5 of the California Labor Code, the Company informs you that it may obtain a credit report about you from the above named entity, because you are seeking to work in the following position:

- ☐ An employee covered by the executive exemption set forth in subparagraph (1) of paragraph (A) of Section 1 of Wage Order 4 of the Industrial Welfare Commission;
- ☐ A position in the state Department of Justice;
- ☒ A sworn peace officer or other law enforcement;
- ☐ A position for which the information contained in the report is required by law to be disclosed or obtained;
- ☐ A position that involves regular access to specified personal information for any purpose other than the routine solicitation and processing of credit card applications in a retail establishment, such as bank or credit card account information, social security number, or date of birth;
- ☐ A position which the person can enter into financial transactions on behalf of the Company;
- ☐ A position that involves access to confidential or proprietary information;
- ☐ A position that involves regular access to \$10,000 or more of cash; OR
- ☐ The Company will not obtain a consumer credit report on you.
- ☐ The Company is subject to 15 U.S.C. Sec. 6801-6809, the Gramm-Leach-Bliley Act and Section 1024.5 of the California Labor Code does not apply.

## NOTICE REGARDING CREDIT CHECKS PER VERMONT LAW

Pursuant to Vermont Act No. 154 (S. 95), the Company informs you that it may obtain a credit report about you, for the following reason(s):

- ☐ The information is required by state or federal law or regulation;
- ☐ You seek to be/are employed in a position that involves access to "confidential financial information" (defined as "sensitive financial information of commercial value that a customer or client of the employer gives explicit authorization for the employer to obtain, process, and store and that the employer entrusts only to managers or employees as a necessary function of their job duties");
- ☐ The Company is a financial institution as defined in 8 V.S.A. §11101(32) or a credit union as defined in 8 V.S.A. §30101(5);
- ☐ You seek to be/are employed in a position as a law enforcement officer, emergency medical personnel or firefighter as these terms are respectively defines in 20 V.S.A. §2358, 24 V.S.A. §2651(6) and 20 V.S.A. §3151(3)
- ☐ You seek to be/are employed in a position that requires a financial fiduciary responsibility to the Company or a Company's clients, including the authority to issue payments, collect debts, transfer money or enter into contracts;
- ☐ You seek to be/are employed in a position that involves access to the Company's payroll information;
- ☐ The Company can demonstrate that credit information is a valid and reliable predictor of employee performance in the your specific position of employment;
- ☐ The Company will not obtain a consumer credit report on you.



*Para informacion en espanol, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.*

### **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.**

**You may have additional rights under Maine's FCRA, Me. Rev. Stat. Ann. 10, Sec 1311 et seq.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identify theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer



reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:**

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.  b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the Bureau:	a. Bureau of Consumer Financial Protection 1700 G Street NW Washington, DC 20006  b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above:  a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks  b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act  c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations  d. Federal Credit Unions	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050  b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480  c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106  d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Department of Transportation 400 Seventh Street SW Washington, DC 20590
4. Creditors Subject to Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 1925 K Street NW Washington, DC 20423
5. Creditors Subject to Packers and Stockyards Act	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 406 Third Street, SW, 8th Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F St NE Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357